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3671\$

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/055,582
Filing Date	01/23/2002
First Named Inventor	Dennis P. Silver
Group Art Unit	3671
Examiner Name	Arpad F. Kovacs
Attorney Docket Number	CNH-11899

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks		RECEIVED MAR 15 2004 GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Andrew T. Pham Reinhart Boerner Van Deuren s.c.
Signature	
Date	March 3, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>March 3, 2004</u>			
Typed or printed name	Andrew T. Pham		
Signature		Date	March 3, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 86.00

Complete If Known

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GROUP 3600

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input type="checkbox"/> Deposit Account: Deposit Account Number 18-0882 Deposit Account Name Reinhart Boerner Van Deuren s.c. The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td></td><td>1051</td><td>130</td><td>2051 65</td><td></td></tr><tr><td></td><td></td><td>1052</td><td>50</td><td>2052 25</td><td></td></tr><tr><td></td><td></td><td>1053</td><td>130</td><td>1053 130</td><td></td></tr><tr><td></td><td></td><td>1812</td><td>2,520</td><td>1812 2,520</td><td></td></tr><tr><td></td><td></td><td>1804</td><td>920*</td><td>1804 920*</td><td></td></tr><tr><td></td><td></td><td>1805</td><td>1,840*</td><td>1805 1,840*</td><td></td></tr><tr><td></td><td></td><td>1251</td><td>110</td><td>2251 55</td><td></td></tr><tr><td></td><td></td><td>1252</td><td>420</td><td>2252 210</td><td></td></tr><tr><td></td><td></td><td>1253</td><td>950</td><td>2253 475</td><td></td></tr><tr><td></td><td></td><td>1254</td><td>1,480</td><td>2254 740</td><td></td></tr><tr><td></td><td></td><td>1255</td><td>2,010</td><td>2255 1,005</td><td></td></tr><tr><td></td><td></td><td>1401</td><td>330</td><td>2401 165</td><td></td></tr><tr><td></td><td></td><td>1402</td><td>330</td><td>2402 165</td><td></td></tr><tr><td></td><td></td><td>1403</td><td>290</td><td>2403 145</td><td></td></tr><tr><td></td><td></td><td>1451</td><td>1,510</td><td>1451 1,510</td><td></td></tr><tr><td></td><td></td><td>1452</td><td>110</td><td>2452 55</td><td></td></tr><tr><td></td><td></td><td>1453</td><td>1,330</td><td>2453 665</td><td></td></tr><tr><td></td><td></td><td>1501</td><td>1,330</td><td>2501 665</td><td></td></tr><tr><td></td><td></td><td>1502</td><td>480</td><td>2502 240</td><td></td></tr><tr><td></td><td></td><td>1503</td><td>640</td><td>2503 320</td><td></td></tr><tr><td></td><td></td><td>1460</td><td>130</td><td>1460 130</td><td></td></tr><tr><td></td><td></td><td>1807</td><td>50</td><td>1807 50</td><td></td></tr><tr><td></td><td></td><td>1806</td><td>180</td><td>1806 180</td><td></td></tr><tr><td></td><td></td><td>8021</td><td>40</td><td>8021 40</td><td></td></tr><tr><td></td><td></td><td>1809</td><td>770</td><td>2809 385</td><td></td></tr><tr><td></td><td></td><td>1810</td><td>770</td><td>2810 385</td><td></td></tr><tr><td></td><td></td><td>1801</td><td>770</td><td>2801 385</td><td></td></tr><tr><td></td><td></td><td>1802</td><td>900</td><td>1802 900</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1051	130	2051 65				1052	50	2052 25				1053	130	1053 130				1812	2,520	1812 2,520				1804	920*	1804 920*				1805	1,840*	1805 1,840*				1251	110	2251 55				1252	420	2252 210				1253	950	2253 475				1254	1,480	2254 740				1255	2,010	2255 1,005				1401	330	2401 165				1402	330	2402 165				1403	290	2403 145				1451	1,510	1451 1,510				1452	110	2452 55				1453	1,330	2453 665				1501	1,330	2501 665				1502	480	2502 240				1503	640	2503 320				1460	130	1460 130				1807	50	1807 50				1806	180	1806 180				8021	40	8021 40				1809	770	2809 385				1810	770	2810 385				1801	770	2801 385				1802	900	1802 900	
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1. BASIC FILING FEE <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p>SUBTOTAL (1) (\$) 0</p>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee		1002	2002	340	170	Design filing fee		1003	2003	530	265	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	80	Provisional filing fee		2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> <p>SUBTOTAL (2) (\$) 86.00</p>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	86	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	86	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																																																																																							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Andrew T. Pham	Registration No. (Attorney/Agent)	54,879
Signature		Telephone	414-298-8160
		Date	March 3, 2004

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